

California Board of Registered Nursing

September 2003

What is the RN Scope of Practice?

Authority for the scope of practice for registered nurses is set out in the Nursing Practice Act in Article 2, Scope of Regulation, starting with Business and Professions Code, Section 2725. (B&P § 2725)

Registered nurses have clear legal authority for functions and procedures that have common acceptance and usage. Registered nursing includes observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition; determining abnormal characteristics; and implementation of reporting or referring to the physician, standardized procedures, changes in treatment regimen in accordance with standardized procedures, or initiating emergency procedures. (B&P Code § 2725 (b)(4))

Registered nursing includes direct and indirect patient care services that ensure safety, comfort, personal hygiene, protection of patients, and disease prevention and restorative measures. RNs administer medications and therapeutic agents to implement a treatment, disease prevention, or rehabilitation regimen ordered by a physician, dentist, podiatrist, or clinical psychologist. RNs perform of skin tests, immunizations, and withdrawal of blood from veins or arteries. (B&P Code § 2725(b)(1-4))

Registered nursing practice is recognized as having overlapping functions with physicians. The RN scope of practice permits additional sharing of functions in the organized health care system that provides for collaboration between physicians and registered nurses. Standardized procedure includes policies and protocols developed in collaboration with physicians, nurses, and administrators of facilities. (B&P Code § 2725 (c))

Registered nurses may dispense (hand to a client) drugs and devices upon the order of a licensed physician and surgeon when the nurse is dispensing within a free or community clinic. The registered nurse is not authorized to dispense controlled substances. (B&P Code § 2725.1)

Registered nursing practice includes the following functions in all settings where the professional registered nurse is providing nursing care to patients or clients (California Code of Regulations (CCR) § 1443.5):

- ▶ Formulates a nursing diagnosis through observation of the client's physical condition and behavior, and through interpretation of information obtained from the client and health team.
- ▶ Formulates a care plan with the client, which ensures that direct and indirect nursing care services provide for client's safety, comfort, hygiene, and protection, and for disease prevention and restorative measures.
- ▶ Performs skills essential to the kind of nursing action to be taken.
- ▶ Explains the health treatment to the client and family.
- ▶ Teaches the client and family how to care for the client's health needs.
- ▶ Delegates tasks to subordinates based on legal scope of practice of the subordinate.

- ▶ Determines that the subordinate has the preparation and capability needed in the task to be delegated.
- ▶ Effectively supervises nursing care being given by subordinates.
- ▶ Evaluates the effectiveness of the care plan by observation of the client's physical condition and behavior, signs and symptoms of illness, and reactions to treatment through communication with client and health team members, and modifies the plan as needed.
- ▶ Acts as the client's advocate, by initiating action to improve health care or to change decisions or activities which are against the interest or wishes of the client, by giving the client the opportunity to make informed decisions about health care before it is provided.

Nurse Practitioners

The nurse practitioner (NP) is a registered nurse with additional educational preparation and skills in physical diagnosis, psychosocial assessment, and management of health and illness needs in primary health care. Nurse practitioners who have been certified by the BRN may use the title "R.N., N.P." after his or her name alone or include categories of specialization such as Family Nurse Practitioner, Pediatric Nurse Practitioner, or Adult Nurse Practitioner. The nurse practitioner relies on standardized procedures for authorization to perform medical functions of diagnosing and treating patients. Nurse practitioners who meet BRN requirements may obtain a furnishing number to make drugs and devices available to patients in strict accord with furnishing standardized procedures. (B&P Code § 2834, CCR §1480)

The Nursing Practice Act provides authority for nursing functions that are essential to providing primary health care which do not require standardized procedures. Examples include physical and mental assessment, disease prevention and restorative measures, performance of skin tests and immunizations, and withdrawal of human blood from veins and arteries. (B&P Code § 2725)

Certified Nurse-Midwives

BRN certified nurse midwives (CNM), under the supervision of a licensed physician and surgeon, are authorized to attend cases of normal childbirth and provide prenatal, intrapartum, and postpartum care, including family planning care for the mother, and immediate care of the newborn. The practice of nurse midwifery constitutes the furthering or undertaking by a certified person, under supervision of a physician and surgeon, who has current practice or training in obstetrics, to assist a woman in childbirth so long as progress meets criteria accepted as normal. Physician supervision shall not be construed to require the physical presence of the supervising physician. All complications shall be referred to a physician immediately. The practice of nurse-midwifery does not include the assisting of childbirth by any artificial, forcible, or mechanical means, nor the performance of any version. Nurse midwives may perform or repair episiotomies, and repair first and second degree lacerations of the perineum in a licensed acute care hospital and a licensed alternative birth center if all conditions are met as set forth in B&P Code Section 2746.52. These conditions include the supervising physician and surgeon must be credentialed to perform obstetrical care in the facility. The CNM performs and repairs the episiotomies pursuant to protocols developed and approved by the CNM, supervising physician, director of the obstetrical department and the interdisciplinary practices committee where applicable. A CNM who meets BRN requirements may obtain a furnishing number to make drugs and devices available to patients in strict accordance with approved furnishing standardized procedures. (B&P Code §§ 2746-2746.52, CCR § 1460)

The scope of nurse-midwifery practice includes providing necessary supervision, care, and advise in a variety of settings to women during the antepartal, intrapartal, postpartal,

interconceptional periods, and family planning. It also includes conducting deliveries on his or her own responsibility and caring for the newborn and the infant. This care includes preventive measures and the detection of abnormal conditions in mother and child. The CNM obtains physician assistance and consultation when indicated, and provides emergency care until physician assistance can be obtained. Other practices and procedures may be included when the nurse-midwife and the supervising physician deem appropriate by using standardized procedures as specified in B&P Code, Section 2725. (CCR § 1463)

NPs AND CNMs Furnishing Drugs and Devices, Including Controlled Substances

Furnishing is defined as the act of making a pharmaceutical agent available to the patient in strict accordance with approved standardized procedures. A formulary (listing of drugs) may be incorporated. Nurse practitioner and nurse-midwives who have received a furnishing number from the BRN and have acquired a Drug Enforcement Agency (DEA) number may furnish controlled substances, Schedule III, IV, V. The act of furnishing controlled substance is termed an "order," and the order is considered the same as an order initiated by the physician. CNMs are authorized to furnish Schedule II Controlled Substances in acute care hospitals. NPs furnishing or ordering Schedule III controlled substance and CNMs furnishing or ordering Schedule II and III controlled substance are required to have a patient-specific protocol contained in the standardized procedure. A patient-specific protocol is a protocol within the standardized procedure that specifies which categories of patients may be furnished or ordered this class of drug. The protocol may state any other limitations as agreed upon by the NP or CNM and the supervising physician, such as the amount of the substance to be furnished and criteria for consultation. There are no practice site restrictions for NPs and CNMs when performing their furnishing function by approved standardized procedure. (B&P Code §§ 2836.1, 2746.51)

A prescription pad may be used as a transmittal order form as long as the transmittal contains the furnisher's name and furnishing number and, when appropriate, the furnisher's DEA number. Pharmacy law requires the physician's name on the drug or device container label. A copy of the section for the NP's and or CNM's standardized procedure relating to controlled substances shall be provided upon request to any licensed pharmacist who dispenses drugs or devices when there is uncertainty about the furnishing transmittal order.

Other authority afforded nurse practitioners and nurse-midwives is to dispense, furnish, or otherwise provide prescription antibiotic drugs to a sexual partner or partners of a patient diagnosed with sexually transmitted Chlamydia infection without examination of the patient's sexual partner

RNs, NPs, AND CNMs Dispensing Drugs or Devices

A registered nurse may dispense drugs and devices upon an order by a licensed physician and surgeon if the RN is functioning within a primary, community or free clinic. No clinic shall employ an RN to perform dispensing duties exclusively. (B&P Code § 2725.1)

Nurse practitioners and certified nurse-midwives have furnishing authority to dispense drugs and devices including controlled substances, Schedule III, IV, V, pursuant to standardized procedures or protocols in a primary, community, or free clinic. (B&P Code § 2725.1)

Pharmaceutical Samples

Nurse practitioners and nurse-midwives are authorized to sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocols that have been approved by the physician. (B&P Code § 4061)

Supervision of Medical Assistants

Nurse practitioners and nurse-midwives may supervise Medical Assistants in community and free clinics in accord with approved standardized procedures and in accord with those supportive services the Medical Assistant is authorized to perform. (B&P Code § 2069(a)(1); and Health and Safety Code § 1204(a),(b))

Workers' Compensation Report

Nurse practitioners can cosign the Doctor's First Report of Occupational Injury or Illness for a workers' compensation claim to receive time off from work for a period not to exceed three calendar days if that authority is included in standardized procedures or protocols. The treating physician is required to sign the report and to make any determination of any temporary disability (Labor Code § 3209.10).

Reproductive Privacy Act

Registered nurses, certified nurse practitioners, and certified nurse-midwives with valid, unrevoked, and unsuspended licenses or certificates are authorized to assist in the performance of a surgical abortion and to assist in the performance of a non-surgical abortion. BRN interprets that the RN may perform or assist in performing the functions necessary for a non-surgical abortion including medication administration and patient teaching. (B&P Code § 2253; H&S Code 123460)

Certified Registered Nurse Anesthetists

The Nursing Practice Act authorizes the certified registered nurse anesthetist (CRNA) to provide anesthesia services ordered by a physician, dentist, or doctor of podiatric medicine, in accordance with community practice and policies of the organized health care system in which the service is provided. Anesthesia services include regional or local anesthesia by injection as well as general anesthesia. (B&P Code § 2825)

Clinical Nurse Specialist

A clinical nurse specialist is a registered nurse with advanced education, who participates in expert clinical practice, education, research, consultation, and clinical leadership as the major components of his or her role. The clinical nurse specialist does not have an additional scope of practice beyond the usual RN scope and must utilize standardized procedures for authorization to perform medical or surgical functions. The clinical nurse specialist may possess a master's degree in a clinical field of nursing, or a master's degree in a clinical field related to nursing with academic coursework in the CNS components expert clinical practice, education, research, consultation, and clinical leadership. The BRN provides certification for the use of the title "clinical nurse specialist" and no person can refer to himself or herself as a clinical nurse specialist unless certified by the BRN. (B&P Code § 2838)

More Information

For further information regarding RNs, NPs, CNMs, and CNSs, refer to our Web site at www.rn.ca.gov, under Advisories & Publications. Also, you can find the statutes cited in this article at www.leginfo.ca.gov and the regulations at www.oal.ca.gov.